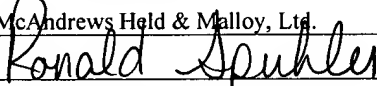
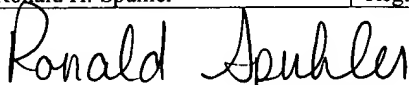
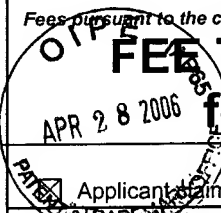
 <p>Do not be used for all correspondence after initial filing)</p>		Application Number		09/808,722	
		Filing Date		March 14, 2001	
		First Named Inventor		BENNETT ET AL.	
		Art Unit		3627	
		Examiner Name		RUDY, ANDREW J.	
Total Number of Pages in This Submission		13	Attorney Docket Number		OOB012
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response To Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	McAndrews Held & Malloy, Ltd.				
Signature					
Printed Name	Ronald H. Spuhler, Reg. No. 52,245				
Date	April 25, 2006				
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 04/25/2006					
Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245		
Signature			Date	04/25/2006	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>FEE TRANSMITTAL for FY 2005</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/808,722</td></tr> <tr><td>Filing Date</td><td>March 14, 2001</td></tr> <tr><td>First Named Inventor</td><td>BENNETT ET AL.</td></tr> <tr><td>Examiner Name</td><td>RUDY, ANDREW J.</td></tr> <tr><td>Art Unit</td><td>3627</td></tr> <tr><td>Attorney Docket No.</td><td>O0B012</td></tr> </table> </div> </div>				Application Number	09/808,722	Filing Date	March 14, 2001	First Named Inventor	BENNETT ET AL.	Examiner Name	RUDY, ANDREW J.	Art Unit	3627	Attorney Docket No.	O0B012
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Examiner Name	RUDY, ANDREW J.														
Art Unit	3627														
Attorney Docket No.	O0B012														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT		(\$) 225.00													

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fees(s)
 ☐ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims
 _____ -20 or HP _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)
 _____ -3 or HP _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: <u>Petition For Two Month Extension Of Time</u>	225.00

SUBMITTED BY

Signature	<u>Ronald Spuhler</u>	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8000
Name (print/type)	Ronald H. Spuhler	Date	04/25/2006		